

9 FAM 42.66 PROCEDURAL NOTES

(CT:VISA-713; 03-02-2005)

(Office of Origin: CA/VO/L/R)

9 FAM 42.66 PN1 PANEL PHYSICIAN AGREEMENTS

(CT:VISA-713; 03-02-2005)

- a. Upon assuming duty as an immigrant visa chief (or chief of a small consular section), the consular officer should review all existing panel physician agreements to verify that they are valid and conform to standard language (see 9 FAM 42.66 Exhibit I), or a derivative contract developed and approved by the Centers for Disease Control *and Prevention* (CDC). A copy of each agreement should have been sent to:

Chief

Immigrant, Refugee, and Migrant Health

Division of Global Migration Quarantine, *(MS-E03)*

Centers for Disease Control *and Prevention*

Atlanta, GA 30333

- b. It is no longer necessary to send copies of these agreements to the Department, unless post wishes confirmation from CA/VO/F/P that the agreement meets basic requirements.

9 FAM 42.66 PN2 CONTACT WITH PANEL PHYSICIAN

9 FAM 42.66 PN2.1 Introductory Visit to Panel Physician

(CT:VISA-713; 03-02-2005)

If possible, consular officers should pay an introductory call on each panel physician at the physician's office. During the visit, the consular officer should ensure that the physician is thoroughly familiar with the CDC's "Technical Instructions For the Medical Examination of Aliens" of June, 1991 and Updates, and is performing examinations in strict compliance with the instructions contained therein. Consular officers should review proper procedures for establishing the identity of persons being tested. Consular officers should also inspect the laboratory facilities and review proper

procedures for ensuring the proper control of X-rays, and blood samples.
(See 9 FAM 42.66 Exhibit II, "How to select a Panel Physician and Monitor the Medical Examination for Immigration Visas".)

9 FAM 42.66 PN2.2 Visiting Outside Laboratories

(TL:VISA-333; 11-15-2001)

If the panel physicians use outside laboratory facilities, consular officers should require them to keep the total number of labs to a minimum; The Department suggests no more than three per country. Where feasible, panel physicians should oversee the drawing of the blood samples to ensure against substitution. Consular officers and panel physicians should also visit outside labs on a periodic basis to ensure that proper identification safeguards and good laboratory procedures are being followed. Finally, consular officers should emphasize the necessity of the physician personally contacting the officer in the event of a Class A finding in any applicant.

9 FAM 42.66 PN2.3 Follow-up Contacts

(TL:VISA-333; 11-15-2001)

Consular officers should maintain periodic contact with the panel physicians, and should, if possible, make occasional, unannounced visits. Consular officers should occasionally ask immigrant visa applicants to describe the scope of the medical examination they received, the procedures used to establish identity and the arrangements for pick-up of the medical reports. CA/VO/F/P has a list of suggested questions if posts are interested. Consular officers should discuss any lax or improper procedures with the panel physician.

9 FAM 42.66 PN2.4 Group Sessions

(TL:VISA-333; 11-15-2001)

Where workload and logistics permit, consular officers may host group meetings, which involve all panel physicians. Such meetings give panel physicians the opportunity to share notes and raise any current problems or issues, which they may wish to discuss.

9 FAM 42.66 PN3 NEW MEDICAL SCREENING FORMS

(CT:VISA-713; 03-02-2005)

The forms listed in the following procedural notes have replaced the Form

OF-157. Posts can review and download forms from *e-Forms*. Posts should make hard copies of the forms locally, either through photocopies or through a local printer. Reproduction costs must come from post funds. The intent of these new forms is to provide better screening process of Class A (excludable) and Class B medical conditions of immigrant visa and refugee applicants.

9 FAM 42.66 PN3.1 Form DS-2053, Medical Examination for Immigrant or Refugee Applicant

(CT:VISA-713; 03-02-2005)

- a. The Form DS-2053, Medical Examination for Immigrant or Refugee Applicant, is essential for immigrant applicants or refugee resettlement. It should always be in the immigrant or refugee packet. The Form DS-2053 is used to establish eligibility under INA 212(a)(1). Consular officers are responsible for ensuring that the physician has completely filled out all of the information at the top of the form.
- b. If Class A condition is found, the consular officer must determine which Class A condition(s) applies to the immigrant visa applicant and whether a waiver under INA 212(g) is applicable. (If a refugee is found to have a Class A condition, consular office should seek the assistance of Bureau of Population, Refugees and Migration/Office of Admissions (PRM/A) or follow guidance on waiver processing for refugees.) In a Class A condition, the medical exam is only valid for six months, instead of the normal 12 months from the date of the exam. The consular officer should inform the visa applicant of the time frame validity of the medical and the requirement that they must get a new medical if they do not depart for the United States within six months. If there are any Class A waivers for immigrant visa applicants for Tuberculosis, HIV/AIDS, or mental disorder, consular officer should annotate the *Machine Readable Immigrant Visa (MRIV)* to reflect the applicant's condition for the U.S. Public Health Service (USPHS) (see 9 FAM 42.73 PN1.9).
- c. If *a* Class B Condition is found in the case of immigrant visa applicants, the box in "Class B Conditions" is checked, consular officer should annotate the *MRIV* in the USPHS box (see 9 FAM 42.73 PN1.9). The consular officer should also determine if there are any public charge issues. If there are not, the visa process can continue. If there is Class B1 or Class B2 Tuberculosis condition, the medical exam is only valid for six months, instead of the normal 12 months from the date of the exam. Consular officer should inform the visa applicants of the time frame validity of the medical and the requirement to get a new medical if they do not depart for the United States within six months.

9 FAM 42.66 PN3.2 Form DS-3024, Chest X-ray and Classification Worksheet

(TL:VISA-397; 04-17-2002)

Form DS-3024, Chest X-Ray and Classification Worksheet, is designed for the physician's use in diagnosing a tuberculosis (TB) condition and classification. The panel physician should ascertain fraud prevention measures in collecting information.

9 FAM 42.66 PN3.3 Form DS-3025, Vaccination Documentation Worksheet

(TL:VISA-397; 04-17-2002)

Form DS-3025, Vaccination Documentation Worksheet, provides a list of immunizations needed by the applicant as required by law. A copy of the vaccination worksheet should be provided to the applicant.

9 FAM 42.66 PN3.4 Form DS-3026, Medical History and Physician Examination Worksheet

(TL:VISA-397; 04-17-2002)

Form DS-3026, Medical History and Physician Examination Worksheet, includes information regarding past medical history as reported by the applicant and recorded by the panel physician or by other qualified medical personnel. Rules concerning the requirements of medical history and medical examination can be found in the Center for Disease Control "Technical Instructions for Medical Examination Aliens" and in the panel physician agreement (see 9 FAM 42.66 Exhibit I). This form should be reviewed by the consular officer to determine whether an additional medical condition would raise public charge issues. (Public charge concerns are not applicable to refugee applicants).

9 FAM 42.66 PN4 PRECAUTIONS TO REDUCING FRAUD IN MEDICAL EXAMINATIONS

9 FAM 42.66 PN4.1 Verifying Identity

(TL:VISA-96; 10-07-1994)

Consular officers shall take every possible safeguard to verify that the

person who is examined by the physician is, in fact, the visa applicant. The consular officer shall take appropriate steps to preclude the substitution of persons at medical examinations or other fraud. (See 9 FAM 42.66 PN4.2.)

9 FAM 42.66 PN4.2 Physician's Responsibilities Concerning Alien's Identity

(TL:VISA-397; 04-17-2002)

The post shall provide the instruction sheet to the alien outlining medical examination requirements and procedures which should convey to the examining physician the need for careful comparison of the identity of the visa applicant with the photograph attached to the alien's passport or with other documents of identity to prevent potential fraud. The instruction sheet shall also include a requirement that the physician endorse Form DS-2053, Medical Examination For Immigrant or Refugee Applicant.

9 FAM 42.66 PN4.3 X-rays and Other Medical Documents Referring to Specific Alien

(TL:VISA-96; 10-07-1994)

It is important that the report of the serological and other tests, particularly the X-ray films, include the name of the alien examined to prevent document substitution. The consular officer shall instruct a panel physician to follow the procedure set forth in 9 FAM 42.66 PN4.2 above whenever referring a visa applicant to another physician or to a laboratory for an X-ray examination or laboratory test. The consular officer shall also instruct the physician or laboratory to which the alien is referred to take similar care in establishing the visa applicant's identity.

9 FAM 42.66 PN4.4 Cases Involving Class A or Class B Medical Condition

(TL:VISA-397; 04-17-2002)

In cases where a Class A or Class B medical condition is detected (see 9 FAM 40.11 N3.3 for a description of Class A and Class B conditions) the panel physician shall not give the medical report to the applicant. The panel physician shall ensure that it is delivered directly to the consular officer, except in cases where the procedure is impractical. In those rare instances where it is necessary for the applicant to take the medical report to the consular officer, the panel physician must ensure that the report is placed in a sealed envelope in such a way so that the consular officer can easily determine if it has been opened. In cases where no Class A or B condition is detected, the panel physician may give the medical reports to the applicant

to hand carry to the interview. (See 9 FAM 42.66 PN5 below.)

9 FAM 42.66 PN5 CASES NOT INVOLVING CLASS A OR B TUBERCULAR CONDITIONS

(TL:VISA-397; 04-17-2002)

The alien need not hand-carry the X-ray to the port of entry except in cases involving a Class A or B tubercular condition. The post shall include Forms DS-3026, Medical History and Physical Examination Worksheet, in the visa as a supporting document. It is not necessary to grommet a separate envelope to the visa. The consular officer shall instruct the panel physician to give the X-ray directly to the alien, obviating the need for the immigrant visa section to handle it. If, however, the X-ray is hand-carried or sent to the consular office, the consular officer shall give it to the applicant with a notice reading:

- (1) Retain this X-ray as an important record of your physical condition at the time of the medical examination; and
- (2) Take your X-ray to the United States as a part of your permanent health record.

9 FAM 42.66 PN6 ALIEN DIAGNOSED OR SUSPECTED OF HAVING CLASS A OR B TUBERCULOSIS

9 FAM 42.66 PN6.1 Refusal Procedures for Aliens with Tuberculosis

(TL:VISA-96; 10-07-1994)

The CDC guidelines define Class A tuberculosis, for which a waiver is required, as infectious tuberculosis. (See 9 FAM 40.11 N6.2-1.) The medical examination will not be considered complete, and the consular officer shall not consider a waiver for an applicant afflicted with Class A infectious tuberculosis until the applicant receives the recommended treatment in accordance with the current "Technical Instructions for Medical Examination of Aliens" and has had negative sputum smear examination for acid-fast bacilli on three consecutive days.

9 FAM 42.66 PN6.2 U.S. Military Institution Acceptable for Medical Treatment

(TL:VISA-397; 04-17-2002)

While the use of U.S. military facilities and physicians for visa eligibility medical examinations is not available to alien dependents of U.S. military personnel, the treatment of tuberculosis at any military institution designated by the Surgeon General of any of the U.S. Armed Services, or by the Chief Surgeon of any major Army command abroad, is acceptable to the U.S. Public Health Service, (USPHS). A statement from the Surgeon General or a Chief Surgeon that the alien will be admitted for treatment may be accepted as meeting the requirements of 22 CFR 40.11. The name and address of the military hospital in the United States where the treatment will be provided must be shown on Section B of Form I-601, Application For Waiver of Grounds of Excludability.

9 FAM 42.66 PN6.3 Disposition of Documents After Visa Issuance

(TL:VISA-96; 10-07-1994)

At the time of visa issuance the consular officer shall give to the alien the sealed envelope containing all available X-ray films pertaining to the case with the instructions to hand-carry the envelope to the United States and deliver it to an official at the hospital to which the alien has agreed to report directly upon entering the United States. The envelope must be plainly marked:

For delivery by (alien's name) to the (name of hospital agreed on) as soon as possible after entry into the United States.

9 FAM 42.66 PN7 MEDICAL EXAMINATION OF APPLICANTS IN UNITED STATES

(TL:VISA-96; 10-07-1994)

Visa medical examinations may not be conducted in the United States. The post shall inform an alien pursuing a visa application abroad while physically present in the United States that the medical examination will be conducted by a panel physician who has been designated by the visa issuing post to conduct medical examination of aliens in the country in which the alien applies for a visa.

9 FAM 42.66 PN8 PETITION APPROVALS CONDITIONED UPON SUBMISSION OF SATISFACTORY BLOOD TEST REPORTS

(TL:VISA-713; 03-02-2005)

See 9 FAM *42.41 PN4.2.*

9 FAM 42.66 PN9 IMMIGRANTS ADVISED TO CARRY IMMUNIZATION AND OTHER RECORDS TO UNITED STATES

(TL:VISA-96; 10-07-1994)

- a. Every state in the United States now requires that children have a record of complete immunization at the time of a child's first enrollment into school. In most states, this applies to transfer students entering any grade. Therefore, the USPHS strongly recommends that children entering the country should either have evidence of immunity consisting of physician documentation of prior disease, or a record of immunizations.
- b. Panel physicians shall inform immigrant visa applicants at the time of examination that problems may be encountered should they enter the United States without proper health records and certifications of vaccinations, and they shall urge the applicants to obtain such documents

from their private physicians, local health departments, or schools prior to departure.

9 FAM 42.66 PN10 USE OF FORM I-724, APPLICATION TO WAIVE EXCLUSION GROUND

(CT:VISA-713; 03-02-2005)

The Department of Homeland Security (DHS) plans to replace the outdated Form I-601, Application for Waiver of Ground of Excludability, with a new Form I-724, Application to Waive Exclusion Grounds, which will replace all existing waiver forms. Until the new Form I-724 is approved, Form I-601 should continue to be used.